

OACA MEMBER PROFILE ACCESS CONSENT FORM

RELEASE OF USERNAME & PASSWORD

Member Name:

Member ID:

Municipality:

I, Member Name
give full access to my OACA Member Profile (@www.oaca.info) and permit OACA
Administration to release of my username and password to:

Print Member Name:

Member Signature:

Date:

Please email this form to oaca@outlook.com and member login credentials noted above will be released to the individual named in this form.